

## Family PACT: Billing Code List – Secondary Complication Codes, Sexually Transmitted Infection (STI)

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This section of the Family PACT: Billing Code List identifies the procedure codes to be used for Family PACT Sexually Transmitted Infection (STI) treatment complication services. These services are described in the *Family PACT: Complications Services Overview [familypact13]* section of this manual. These codes are billed with the appropriate secondary ICD-9-CM diagnosis, together with the appropriate (client's Family Planning Method) Family PACT primary diagnosis "S" code.

### Complication Services Require TAR

Family PACT benefits for management of STI treatment complications are pre-selected and must have prior authorization obtained through the Medi-Cal *Treatment Authorization Request* (TAR) process.

**Note:** A TAR is required for complication services rendered by both Family PACT providers and non-Family PACT Medi-Cal providers who assist clients referred by Family PACT providers. This TAR requirement applies to medical, anesthesia, laboratory, pharmacy and hospital providers.

### Diagnosis Code Requirements for Secondary Complications

Bill secondary complication codes with both a Family PACT primary diagnosis code (Sxx.3) and a secondary ICD-9-CM diagnosis code.

#### Billing

*HCFA 1500* claim form: Enter the primary diagnosis code for the complication in the *Diagnosis or Nature of Illness or Injury* field (Box 21.1) and the secondary diagnosis code in the *Diagnosis or Nature of Illness or Injury* field (Box 21.2).

*UB-92 Claim Form:* Enter the primary diagnosis code for the complication in the *Principal Diagnosis Code* field (Box 67) and the secondary diagnosis code in the *Principal Diagnosis Code* fields (Boxes 68 – 73).

### Treatment Complications Associated With STI

There are two STI treatment complications that may be associated with any STI diagnosis code treatment: Management of allergic reaction and management of vaso-vagal episode.

**STI TREATMENT COMPLICATIONS**

The following complication codes are consistent for all secondary conditions unless stated otherwise.

**Management of  
Allergic Reaction  
(S103, S203, S303, S403  
S503, S703, S803, S903)**

Bill with primary diagnosis code S103, S203, S303, S403, S503, S703, S803 or S903.

STI complication procedures also are billed with the appropriate secondary ICD-9-CM code for the STI being treated.

Office Visit Code

CPT-4 codes for females and males are 99201 – 99204, 99211 – 99214.

Facility Use

A Family PACT provider must have the appropriate Category of Service (COS) to bill for facility use.

HCPCS

<u>Code</u>	<u>Description</u>
Z7500	Use of hospital examining or treatment room
Z7506	Use of operating room, first hour
Z7508	Use of operating room, first subsequent half-hour
Z7510	Use of operating room, second subsequent half-hour
Z7512	Use of recovery room

Pharmacy

Requires a TAR if not listed in the Family PACT Pharmacy Formulary. See the *Family PACT: Pharmacy Procedures [familypact41]* section in this manual.

**Management of Vaso-Vagal Episode (S103, S203, S303, S403, S503, S703, S803, S903)**

Bill with primary diagnosis code S103, S203, S303, S403, S503, S703, S803 or S903.

STI complication procedures also are billed with the appropriate secondary ICD-9-CM code for the STI being treated.

**Office Visit Codes**

CPT-4 codes for females and males are 99201 – 99204, 99211 – 99214.

**Facility Use**

A Family PACT provider must have the appropriate Category of Services (COS) to bill for facility use.

**HCPCS**

<u>Code</u>	<u>Description</u>
Z7500	Use of hospital examining or treatment room
Z7506	Use of operating room, first hour
Z7508	Use of operating room, first subsequent half-hour
Z7510	Use of operating room, second subsequent half-hour
Z7512	Use of recovery room

**Pharmacy**

Requires a TAR if not listed in the Family PACT Pharmacy Formulary. See the *Family PACT: Pharmacy Procedures [familypact41]* section in this manual.

**CHLAMYDIA COMPLICATIONS (0994 – 09959)****Billing**

Bill with the Family PACT primary diagnosis “S” code for the complication and also an appropriate STI secondary diagnosis ICD-9-CM code (0994 – 09959).

See the *Family PACT: Treatment Authorization Request (TAR)* [familypact26] section in this manual for TAR instructions and the *Family PACT: Claim Form Completion Introduction* [familypact28] section in this manual for instructions to insert the TAR Control Number on the claim.

Chlamydia complication procedures are billed with the procedure codes listed for allergic reactions and vaso-vagal episodes under “STI Treatment Complications” in this section.

**Example**

A client using oral contraception (birth control pills) has a complication, either a vaso-vagal episode and/or allergic reaction associated with the treatment of Chlamydia. Bill with primary diagnosis code S103 and secondary ICD-9-CM diagnosis code 0994.

**SYPHILIS COMPLICATIONS (0910 – 0979)****Billing**

Bill with the Family PACT primary diagnosis “S” code for the complication and also an appropriate STI secondary diagnosis ICD-9-CM code (0910 – 0979).

See the *Family PACT: Treatment Authorization Request (TAR)* [familypact26] section in this manual for TAR instructions and the *Family PACT: Claim Form Completion Introduction* [familypact28] section in this manual for instructions to insert the TAR Control Number on the claim.

Syphilis complication procedures are billed with the procedure codes listed for allergic reactions and vaso-vagal episodes under “STI Treatment Complications” in this section.

**GONORRHEA COMPLICATIONS (0980 – 09889)****Billing**

Bill with the Family PACT primary diagnosis “S” code for the complication and also an appropriate STI secondary diagnosis ICD-9-CM code (0980 – 09889).

See the *Family PACT: Treatment Authorization Request (TAR)* [familypact26] section in this manual for TAR instructions and the *Family PACT: Claim Form Completion Introduction* [familypact28] section in this manual for instructions to insert the TAR Control Number on the claim.

Gonorrhea complication procedures are billed with the procedure codes listed for allergic reactions and vaso-vagal episodes under “STI Treatment Complications” in this section.

**PELVIC INFLAMMATORY DISEASE (PID) COMPLICATIONS (6140 – 6149)****Billing**

Bill with the Family PACT primary diagnosis “S” code for the complication and also an appropriate STI secondary diagnosis ICD-9-CM code (6140 – 6149).

See the *Family PACT: Treatment Authorization Request (TAR)* [familypact26] section in this manual for TAR instructions and the *Family PACT: Claim Form Completion Introduction* [familypact28] section in this manual for instructions to insert the TAR Control Number on the claim.

PID complication procedures are billed with the procedure codes listed for allergic reactions and vaso-vagal episodes under “STI Treatment Complications” in this section.

**VAGINITIS/VAGINAL DISCHARGE COMPLICATIONS (1121, 13100 – 13109, 61610 – 6169)****Billing**

Bill with the Family PACT primary diagnosis “S” code for the complication and also an appropriate STI secondary diagnosis ICD-9-CM code (1121, 13100 – 13109 or 61610 – 6169).

See the *Family PACT: Treatment Authorization Request (TAR)* [familypact26] section in this manual for TAR instructions and the *Family PACT: Claim Form Completion Introduction* [familypact28] section in this manual for instructions to insert the TAR Control Number on the claim.

Vaginitis/vaginal discharge complication procedures are billed with the procedure codes listed for allergic reactions and vaso-vagal episodes under “STI Treatment Complications” in this section.

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**GENITAL HERPES COMPLICATIONS (05410 – 05419)****Billing**

Bill with the Family PACT primary diagnosis “S” code for the complication and also an appropriate STI secondary diagnosis ICD-9-CM code (05410 – 05419).

See the *Family PACT: Treatment Authorization Request (TAR)* [familypact26] section in this manual for TAR instructions and the *Family PACT: Claim Form Completion Introduction* [familypact28] section in this manual for instructions to insert the TAR Control Number on the claim.

Genital herpes complication procedures are billed with the procedure codes listed for allergic reactions and vaso-vagal episodes under “STI Treatment Complications” in this section.

**GENITAL WARTS COMPLICATIONS (0780 – 07819)****Billing**

Bill with the Family PACT primary diagnosis “S” code for the complication and also an appropriate STI secondary diagnosis ICD-9-CM code (0780 – 07819).

See the *Family PACT: Treatment Authorization Request (TAR)* [familypact26] section in this manual for TAR instructions and the *Family PACT: Claim Form Completion Introduction* [familypact28] section in this manual for instructions to insert the TAR Control Number on the claim.

Genital warts complication procedures are billed with the procedure codes listed for allergic reactions and vaso-vagal episodes under “STI Treatment Complications” in this section.

**Management of Severe Skin  
Ulceration/Infection  
(S103, S203, S303, S403,  
S503, S703, S803, S903)**

Bill with diagnosis code S103, S203, S303, S403, S503, S703, S803 or S903.

**Office Visit Codes**

CPT-4 codes for females and males are 99201 – 99204, 99211 – 99214.

**Facility Use**

A Family PACT provider must have the appropriate COS to bill for facility use.

**HCPCS**

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